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3	B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is w important. See instructions on back of certificate.
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STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 2-92 I'll death occurred in St:....Ward) a hospital or institution. give its NAME instead un Maria adams of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIEO. WIDOWED, WY ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended 6 DATE OF BIRTH (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR min. ? Ducumores BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ___ mos. ___ ds. State yrs, ____ Where was disease contracted. If not at place of death? Former or usual residence (Address) 15 If more blanks are needed, address State Registrar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indicausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative heaithful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Women at home, who are engaged in the Never return "Laborer," Salesman, As examples: For persons "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPEEAL peritonitis," etc. childbirth or miscarriage, as "Puzzperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .. mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resuiting from (Recommendations on statement of (name origin; "Can-State cause for Examples:

N.B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION ia very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

PLACE OF DEATH 816	STATE OF MARYLAND
Jollan	CERTIFICATE OF DEATH
County Cl	Registered No. 192
Village or City (No.	St; Ward) [If death occorred in a hospital or institution, give its NAME instead
* FULL NAME Durana	Aciley of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Denish Black Stroken	16 DATE OF DEATH (Month) (Day) (Year)
B DATE OF BIRTH 7 et 23	17 I HEREBY CERTIFY, That I attended deceased from 191, to 191
(Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above at
GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Callow Co	Les Louds and plateanous and child mortes had of plateanous and child wishes have been from from the continuous and child contributory for a loss facus divines (Secondary) (Beration) yrs mos ds.
10 NAME OF Heury Bailey	(Signed) E. R. Supper H.D., M. D.
11 BIRTHPLACE OFFATHER (State or country) W	*State the DISEASE CAUSING DEATH, OF In deaths from Williams
12 MAIDEN NAME Jena Madden	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Jally Co	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant)	Former or usual residence.
(Address) Chapel	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Fled fan 15-, 1913 & Bfantanti. REGISTRAR	Caston, Md. Jan. 15, 1913 20 UNDERTAKER Bailey ADDRESS
	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the distast Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not minc, etc. (a) Spinner, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons (d)

Statement of cause of death—Name, first, the DIBEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, persionacum, etc.. Carcinology

childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart alsease; Ohronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maileoma. Sarcoma. etc., of __ "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for

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PHYSICIANS should state of OCCUPATION IS very RECORD carefully supplied. AGE should be stated EXACTLY. o that it may be properly classified. Exact statement PERMANENT UNFADING INK-THIS IS DEATH in plain terms, so that it m. See instructions on back of certificate. WRITE PLAINLY, WITH -Every item of information should be CAUSE OF DEATH in plain terms, se Important.

1 PLACE OF DEATH

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist. No	292
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6,01	Registration Dist. No. 42
Village or City (No.	St.; Ward) [If death eccurred in a hospital or institution,
* FULL NAME Walter Fran	Klin Conway. give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Bry Chared Single, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	(Month) (Day) (Year)
6 DATE OF BIATH Cloter 13, 1919 (Month) (Day) (Year)	that I last saw h examines on the first saw h examines of
7 AGE If LESS than	and that death occurred on the date stated above, at m,
yrs. 2 mos. 2 7 ds. ORmin.?	The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work.	Congestion of Jungs -
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. / ds.
9 BIRTHPLACE (State or country) of Conta Mary and	(Secondary)
Watter Franklin Conway	(Signed) (Doration) yrs mos ds. (Signed) A (Ocole M. D. , 191 (Address) Offerd Mud
(State or country) White Heaven Winico. Co.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
of MOTHER Bertha Turpin 13 BIRTHPLACE OF MOTHER (State or country) Oxford Jabot Co. Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
Informant, Auta Super	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Offer Muy 13 Filed Jany 10, 1913 MD Micholo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS DATE OF BURIAL ADDRESS ADDRESS
A SUL REGISTRAR	M.E. Newman & Brollsford Md

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No./1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATES state MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scritchacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) mere symptoms or terminal conditions, such as "Asis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (name origin; "Can-State cause for "Exhanstion," Examples:

7. S. No. 1.

N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City & when the Shames & & &	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 290 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED,	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from DEC - 28, 1912, to Jan 1913.
(Month) (Day) (Year) 7 AGE 17 LESS than 1 day,hrs. ORmio.?	that I last saw halive on
parficular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs mos ds. Contributory wile ty (Secondary)
11 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER 14 BIRTHPLACE OF MOTHER 15 BIRTHPLACE OF MOTHER OF MOTHER	(Signed)
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informanf) (Address) (Address)	of deathyrsmosds. Stateyrsmosds. Where was disease contracted, If oof at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ON a put, 191 3
Filed And 1913 - Atantant REGISTRAR If more blanks are needed, address State Registrar	20 UNDERTAKER A A Bughus (acron Material St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekcepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc., But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second Statement of occupation Spinner, If retired from business, that fact may be indiespecially in industrial employments, it is nec-Women at home, who are engaged in the (b) Cotton -Precise statement of occupamill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puraprear septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUREPERAL peritonitis," etc. State cause for genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-For VIO-

PLACE OF DEATH 819	STATE OF MARYI	LAND
7111	CERTIFICATE OF	DEATH
County Salvit	Registration Dist. 1	10290
Village or City Easton Med. (No.	St.; Ward)	[If death occorred in a hospital or institution, give its NAME iostead
* FULL NAME MANY E Con	5.4	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
SSEX 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, ORDINGRED (Write the word)	16 DATE OF DEATH (Mooth) 1/1) HEREBY CERTIFY, That I atte	33 ,1913 (Day) (Year)
Month) (Day) (Year)	hat I last saw have allow on Jan	2 3, 191 3 2 7, 191 3
If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	/e, at
(a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Probably (Duration) yrs	Heart-
(State or country) Micronico les	(Secondary) (Duration) yr	s. mos. ds.
10 NAME OF FATHER STANKING 11 BIRTHPLACE OF FATHER (State or country) Modern was of Mother of M	(Signed) Talian (Address) Carlon *State the Disease Causing Death, or, in de Causes, state (1) Means of Injury; and (2) Tal, Suicidal, or Homicidal.	aths from VIOLENT whether ACCIDEN-
OF MOTHER MIKNOW 13 BIRTHPLACE OF MOTHER (State or country) Muknow		TUTIONS, TRANSIENTS,
laterment) De Sarah L. Lengto	Where was disease contracted, if oot at place of death? Former or usual residence.	
(Address) Easton Md! Filed Jan 25, 1913 JB Fairbanh	Egiston Ind 1/	2 5 1918
Local RECISTRAR	ar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1	eston mo

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not pald Housekeepers additional line is provided for the latter statement. the nature of the business or industry; and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples; essary to know-(a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thine and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

cause of death approved by Committee on Nomencia "Contributory." childbirth or miscarriage, as "Puerperal scotichac. ture of the American Medicai Association.) sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS . State . MEANS OF . INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify ail diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably -Kart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As er" is less definite; avoid use of "Tumor" for malk The contributory (secondary or intercurrent) may be stated under the head (Recommendations on statement of (name origin; "Can-Examples:

If this certificate is looked over thoroughly and all quettons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1848

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN V. S. No. 1.

Village or City Claiboure (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 294 [It death occorred in a hospital or lostitution, give its NAME lostead of street and number.]
*FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day) (Yest) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH OLET 1, 1880	that I last saw have allye on Jan 6 1913
(Month) (Day) (Year) 7 AGE 3 Z vrs. 3 mos. 6 ds. ormin.?	and that death occurred on the date stated above, at 8.30 A m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland	(Duration) 7 yrs 6 mos ds. Contributory Myscastti (Secondary) (Buration) yrs mos 44 ds.
10 NAME OF FATHER John W. W. Davis 11 BIRTHPLACE OF FATHER (State or country) Wangland 12 MAIDEN NAME OF MOTHER II. The Calabell	(Signed) Aris N. Seth, M. D. State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Waryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant, May	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it out at place of death? Former or usual residence.
Filed Jan 9 191/3 Defisite West REGISTRAR 11 more blanks are needed, address State Registrar,	DATE OF BURIAL OF REMOVAL DATE OF BURIAL OF PROPERTY OF THE

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illgainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industy; and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Salcsman, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Treumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

sepsis, tetanus) may be stated under such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUEBPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of .. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for "Exhaustion," Examples:

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry; and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin

sepsis, tetanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "PUERFERAL septichaecause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronic interstitual nephritis mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. -Hart failure," "Haemorrhage," "Inanition," "Marasnant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:

822 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH SICIANS should Registration Dist. No. Tif death occurred ia St.: Ward) a hospital or institution. CORD give its NAME instead of street and number. T MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENS 16 DATE OF DEATH BREX 4 COLOR OR RACE MARRIED. WIBOWED, Thame (Month) (Day) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from 17/ 6 DATE OF BIRTH 191 B. to. CESSAN that I last saw h. Lam. alive on (Day) (Year) (Month) pe 7 AGE If LESS than and that death occurred on the date stated above, at ... 1 day,hrs. The CAUSE OF DEATH* was as follows: -THIS OR min. ? properly BOCCUPATION AGE (a) Frade, profession, or INK supplied. (b) Geograf nature of Industry, business, or establishment lo (Duration) UNFADING may which employed (or ampioyer) -----Contributory. State or country) (Secondary) 10 NAME OF FATHER WITH 11 BIRTHPLACE (Address). ARENT OF FATHER should *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME AINLY plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ____ yrs. ___ ds. State yrs. ____ mos. ds. Where was disaase centracted. 14 THE ABOVE IS It not at place of death? Former or usual residenca mportant. 19 PLACE OF BURIAL DATE OF BURIAL CAUSE Address) 15 ADDRESS REGISTRAB 11 more blanks are needed, address State Registrar, 6 Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulminc, etc. material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the dishable causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corcbrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaisfied, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scptichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of __ Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Candeath), 29 "Exhaustion," Never report Examples: For vio-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

PLACE OF DEATH 823 County Lallot	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 290
Village or City hear Gordona (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Phale Color of RACE MARRIED, WIDOWED, WIDOWED, Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY/That I attended deceased from
Month) (Day) (Year)	that I last saw have allow on fame 1 1912
7 AGE 2 2 yrs 1 mus. 27 ds. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF BEATH* was as follows?
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland	Contributory Other Ost (Duration) yrs mos co. (Duration) yrs mos co. (Duration) yrs mos co.
11 BIRTHPLACE OF FATHER (State or country) M 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	(Signed) , M. D. , 191 (Address) , M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lichard Flames	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS. At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was diseasa contracted, If not at place of death? Former or usual residence.
(Address) Rear Cordoral Filed Jan 6, 1913 B Fairbank Lacal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 10 P
If more blanks are needed, address State Regultra	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Fubilc Health Association.]

applies to each and every person, irrespective of age. minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-(b) Cotton mill; (a) Salesman, If the occupation has Farmer or Planter, For persons (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrerran septichae cause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acciis iess definite; avoid use of "Tumor" for mail: The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can For vio-

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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 290

* FULL NAME John Gibson	St.; Ward) a huspital or lostifution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Back Single, Married, Wisdowsto, Warned On Diverces On Diverces (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That i attended deceased from 1912, to 3/2 1913, that i last saw harm allow on the 2 grate, 1913.
** AGE Wilknown, about 11 LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 1,45 Pm, The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory (Secondary) (Ouration) yrs mos 6 ds. (Ouration) yrs mes ds. (Signed) A Sarry Thang M. D.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TBUT TO THE BEST OF MY KNOWLEDGE Informant)	At place in the ot death yrs mos ds. State yrs, mos ds. Where was disease contracted, if oot at place of death? Fermer or usual residence
Filed Lange 1913 J. B. Farbank Recistran 15 16 17 more blanks are needed, address State Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS THE Franklin St. Botto. Requesting V 8 No. 1

[Approved by U. S. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Illshould be taken to report specifically the occupations duties of the household only (not pald Housekeepers of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably cbildbirth or miscarriage, as "Puerperal septichae ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mall; oma. Sarcoma. etc., of ... "Hart failure," "Haemorrhage," "Inanition," "Maras The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-

V. S. No. 1.

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SICIANS should OCCUPATION IS RECORD PERMANENT INK pino DEATH of FO Item Every It

clas certificate. of back terms, plain Instructions 2 mportant.

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day hrs. OR min. ? BOCCUPATION (e) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 15

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No......

St.;....Ward)

[If death occurred in a hospital or lostitution, give its NAME instead of street and number.]

MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 1915 (Month) (Dav (Year) I HEREBY CERTIFY, That I attended deceased from 191 to and that death occurred on the date stated above, at, The CAUSE OF DEATH* was as follows: (Duration) Contributory Secondary (Signed) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS At place In the of death yrs. mos. _ ds. State yrs. ____ mos. Where was disease contracted. If not at place of death? usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

OCOL REGISTRAR

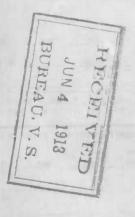
20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precisc statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," ctc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for the head Never report



BINDING

FOR

RESERVED

MARGIN

CERTIFICATE OF DEATH Registered No. 2 9 Ward St; Ward) FULL NAME PERSONAL AND STATISTICAL STATES PERSONAL AND STATISTICAL STATES PERSONAL AND STATISTICAL STATES MARKED WARDIED WARDIED	PLACE OF DEATH 826	STATE OF MARYLAND
VIIIage or City Shardon (No. St: Ward) FULL NAME PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH January Month) (Day) (Poer) Month) (Day) (Word) Month) (Day) (Ward) Month) (Day) Month) (Day) (Ward) Month) (Day) Month) (Day) Month) (Day) Month) (Day) Month Mon	1 11 1	
PERSONAL AND STATISTICAL PARTICULARS PARTICULAR PARTICUL	1/2	Registered No. 2.94
Mark of Date of Birth Markite	Village or City of mohadeno. 2 FULL NAME wore 3	give its NAME instead
male Thite word) Sugle Bate of BIRTH Jawary 16", 1913 (Month) (Day) (Year) Tage Still Form Mos. B. OR min.? BOCCUPATION (a) Trads, profession, or particular kind of work. (b) General audit of industry, business, or establishment in which amplyed (or employer) Be ath forward. S. Harper (Sitate or country) Sh. Muchaels Mad 10 NAME OF FATHER Edward. S. Markaels Mad 11 Manden Name OF MOTHER Mary M. Flarbaels Mother Mother of Mother	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE STILL FORM (Month) (Day) (Year) TAGE STILL FORM IT (ESS than 1 day, hrs. was a follows: JYS. MOS. OR MIN.? B OCCUPATION (a) Trads, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) B OCCUPATION (a) Trads, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) B OCCUPATION (a) Trads, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) B OCCUPATION (a) Trads, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) B OCCUPATION (a) Trads, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) B OCCUPATION (a) Trads, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) B OCCUPATION (a) Trads, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) B OCCUPATION (a) Trads, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) B OCCUPATION (a) It is establishment in the case of the	MARRIED, WIOOWEO,	(Month) (Day) (Year)
SCULL BOTTO I day, hrs. JIS DOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Selection of the place of the place of the profession, or particular kind of work. Selection of work. Selection of the place of	***************************************	Jany 16, 1913 to Jany 16-4, 1913;
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BERTHPLACE (State or country) Sh. Muchaels Md 10 NAME OF FATHER Edward. S. Harper (State or country) 11 BIRTHPLACE (State or country) (STATE OF MOTHER (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant). (Address) 15 Filed Alle 12 1913 WHILE ALLE STATES OF BURIAR OR REMOVAL DATE OF BURIAL FROM 1913 16 STATES OF BURIAR OR REMOVAL DATE OF BURIAL OF HORIZONAL DATE OF BURIAL PRINCE OF BURIAR OR REMOVAL DATE OF BURIAL OF HORIZONAL DATE OF BURIAL PRINCE OF BURIAR OR REMOVAL DATE OF BURIAR PRINCE OF BURIAR PRINCE OF BURIAR OR REMOVAL DATE OF BURIAR PRINCE OF BURIAR OR REMOVAL DATE OF BURIAR PRINCE OF BURIAR PRINCE OF BURIAR OR REMOVAL DATE OF BURIAR PRINCE OF BURIA	Still born 1 day,hrs.	The CAUSE OF DEATH * was as follows:
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11 BIRTHPLACE (State or country) Sh. Michaels Md OF MOTHER Mary. M. Flaurbauk 13 BIRTHPLACE OF MOTHER (State or country) Sh. Michaels Md OF MOTHER (State or country) Sh. Michaels Md 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Echward. S. Harpen (Informant) Sh. Michaels Md (Address) Sh. Michaels Md 15 Filed Address) Sh. Michaels Md 16 PLACE OF BURIAL OR REMOVAL Shapers usual residence 17 PLACE OF BURIAL OR REMOVAL ADDRESS AND Shapers	FATHER Edward. S. Harper	(Signed) A.B. Luscock , M D.
OF MOTHER Mary. M. Flaurback 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant) Eclivard, S. Harber (Informant) Address) All Michaela Mid 15 Filed All 21, 1913 Filed All 21, 1913 When & Lowe before Registrant Appress	of Father Sh. michaels Sud	*State the DISEASE CAUSING DEATH OF In deaths from With more
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(Informant) Echward S. Harfee usual residence (Address) Sh. Michaels and 19 PLACE OF BURIAL OR REMOVAL Sh. Michaels and 19 PLACE OF BURIAL OR REMOVAL Filed Atth 21, 1913 ADDRESS OF Shranks APDRESS OF Shranks	OF MOTHER (State or country) Sh. michaels md	At place of death yrs. mas. ds. State yrs, mos. ds.
16 Filed Let 21, 1913 Win Lowe Definity Level REGISTRAR OF Strarks OF Sharks	(Informant)	If not at place of death?
would Lowe before Fred REGISTRAR OF Strarks	(Address) Sh. Michaela md	St mehals pare of Burial And 17, 1913
	Who & Low by Loud REGISTRAR!	To Poparho OP Spranks

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acclsuch, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puerperal septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maraswhich surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the genltal," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ___ The contributory (secondary or intercurrent) Always qualify all diseases resulting from (disease causing death), 29 ds.; ... (name orlgin; "Can-

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

	PLACE OF DEATH 827	STATE OF MARYLAND	
-	ounty Tallet	CERTIFICATE OF DEATH	
0	Mil	Registered No. 294	
V	Village or City Dely hmars	St; Ward) [If death occurred in	
	10 0 40	give its NAME instead	
	FULL NAME form Thom	as Harrana of street and number.]	
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3 51	male Willy WIDOWED, named	16 DATE OF DEATH (Month) (Day) (Year)	
6 p	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from	
	aug- 23-1835	1913, to fan. 27 1918,	
	(Month) (Day) (Year)	that I last saw h. Lun allve on for 12/2 1918	
7 A	GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 7-500 m,	
	yrs. omos. 6 ds. or. min.?	The CAUSE OF DEATH* was as follows:	
	CCUPATION	Caraly six	
) Trade, profession, or Tarmes		
(b) General nature of industry, business, or establishment in		(2.11) -/ - 16	
	ich employed (or employer)	(Ouration) yrs. — mos. O. ds.	
9 BI	IRTHPLACE (Lation Country)	Contributory (Secondary)	
	10 NAME OF A / M/	(Ouration) yrs mos ds.	
	FATHER Jobina Harrison	(Signed) O . / C/ / F/ / C/ M. D.	
RENTS	OF FATHER (State or cytystry) Jally of Co	Jan. OD, 191 3 (Address) Lily tuman In	
EN		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PAF	of Mother Sallie Camper	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
	13 BIRTHPLACE OF MOTHER (State or country) Galbot Cv.	OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at place of death?	
	(Informant) D. Tarflory Harrison	Former or usual residence.	
	(Address) Tilyhman Mof.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
15		Til shman md Jan 3/, 1913	
Fil	led, 191	20 UNDERTAKER ADDRESS	
	REGISTRAR	4 opravbo of michaels	
	If more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1,	

[Approved by U. S. Census and American Fublic Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many ness of various pursuits can he known. The question additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinology

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Deblity" ("Conaffection need not be stated unless important. Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for mallg nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all discases resulting from "Senlie," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples:

	PLACE OF DEATH	STATE OF MARYLAND
G	ounty Lal by	CERTIFICATE OF DEATH
	el, l	Registered No. 277
٧	illage or City Sulghman, Od the History	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME WWW.	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	male Thu Single, Marrieo, Widowed, Orbivorced (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
8 D	TS6. 16, 1896 (Month) (Day) (Year)	that I last saw he alive on Jen . 2 2 191 3
7 A	GE If LESS than	and that death occurred on the date stated above, at 1 P. m.
	/ 6 yrs. / 8 mos. / 6 ds. 1 day,hrs. 0 min. ?	The CAUSE OF DEATH* was as follows:
(a)	CCUPATION Trade, profession, or Now = Hame rticular kind of work	Duddie Joseph Dypproce & Cordido as thema-
bus	General nature of Industry, iness, or establishment in thouse assistant ich employed (or employer)	(Ouration) yrs. 3 mos. ds.
9 B	RTHPLACE (Bate or country) July hman mul	Contributory (Secondary) (Buration) yrs mos ds.
	10 NAME OF Mus Ham James	(Signed) & Kenned Wilson M. D.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Talkot es -	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
	OF MOTHER anna Bell Cooper	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country) Lilyhman md	OR RECENT RESIDENTS) At place of death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted, If not at piece of death?
	(Informant) Lightner Gred	USUAI residence
1 5 Fi	ed Jan. 4, 1912 M. Duckson Jocal Registran	Telehman Ind Jan 4, 1912 20 MODERTAKER ADDRESS O Parks Stimehalls
t	If more blanks are needed, address State Registrar, 6 E	C. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

.statement. "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal cases, especially in industrial employments, it is necmine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," "Foreman," (0)

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829 STATE OF MARYLAND PLACE OF DEATH Very CERTIFICATE OF DEATH OCCUPATION Registration Dist. No. lit death occurred in PHYSICIANS Ward) hospital or institution. RECORD give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS PERMANENT 18 DATE OF DEATH S SINGLE. BREY 4 COLOR OR RACE MARRIED. WIDOWED, A (Day) ORDIVORCED I HEREBY CERTIFY. That I attended deceased from Exact classified. (Day) (Month) pe If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* OR mlo. ? properly BOCCUPATION AGE (a) Frada, profession, or parficular kind of work supplied. (b) General nature of industry. pe business, or establishment in may which employed (or employer) ------Contributory 9 BIRTHPLACE (State or country) certificate. (Secondary) that 10 NAME OF FATHER 80 50 S 11 BIRTHPLACE terms, PARENT OFFATHER (State or country) pinoda *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-LO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE = At place In the OF MOTHER (State or country) ot death yrs. mos. State yrs. ____ mos. ___ ds. DEATH Where was diseasa contracted. if nof at place of death? See ō Former or item OF usual residence. mportant. OR REMOVAL CAUSE DATE OF BURIAL 15 m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Palto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers material worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engincer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-(b) Cotton mill; (a) Salcsman, If the occupation has (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

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PLACE OF DEAT STATE OF MARYLAND CERTIFICATE OF DEATH Registered No [It death occurred in St;Ward) a hospital or institution. give its NAME instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) Write the word) I HEREBY CERTIFY, That I attended deceased from 908 (Month) (Day) (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. BOCCUPATION (a) Trada, protession, or particular kind of work. (b) Genaral nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191 (Addross) ENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-2 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. A OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country In tha of death ____ yrs. __ mos. State yrs. ___ Where was disease contracted. It not at place of death?. Former or usual residenca DATE OF BURIAL (Address) 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1,

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, Farmer or Planter, For persons

Statement of cause of death—Name, first, the diberable causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-irospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinoses

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state Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. If death occurred le Ward) a hospital er Institution, RECORD give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement RMANENT EXACTLY. 16 DATE OF DEATH 5 SINGLE, SEX 4 COLOR OR RACE MARRIED. WIBOWED, Marned (Month) BINDING ORDIVORCED Write the word) I HEREBY CERTIFY. That I attended deceased from 17 Exact 8 DATE OF BIRTH ..., 1913...., to d. L. classified. (Day) (Year) (Month) 7 AGE If LESS than and that death occurred on the date stated above, at. pinous 1 dayhrs. mos. properly BOCCUPATION AGE (a) Frade, prefession, or ED particular kind of work A ... (b) General nature of Industry, supplied. ER> business, or establishment in (Duration)yrs. mos. // ds. THAY which employed (or employer) ADIN Contributory..... certificate. 9 BIRTHPLACE (Secondary) (State or country) that 10 NAME OF FATHER 0 of 131 (Address) Coas back 11 BIRTHPLACE terms, ARENT OF FATHER pluods *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions Information 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place in the OF MOTHER of death ____ yrs. ___ mos. ___ ds. Sfafe yrs mes ds DEATH Where was disease contracted. If oof af place of death?. Jo Fermer or OF Item usual residence. mportant. Every It DATE OF BURIAL 15 29JUNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Besto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Beaithful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to thime and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosis of lungs, meninges, peritonaeum, etc... Carcin-

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH OCCUPATION Registered No. 2Ward) RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 4 COLOR OF RACE MARRIED. WIDOWED, enpivonces (Write the word) (Month) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7 AGE If LESS than 1 day hrs. BOCCUPATION AGE (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) may certificate. BIRTHPLACE (Secondary) (State or country) that It 10 NAME OF FATHER 0 0 11 BIRTHPLACE ., 191.3.. (Address) plain terms, ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL OF MOTHER Instructions information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE 5 At place OF MOTHER (State or country in the of death EATH ____ yrs. ____ mos. ___ State yrs, ____ mos, Where was disease contracted. If not at place of death? 90 9 Former or Item OF usual residence Important. ы (Address) Every REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balte, Requesting V. S. No. 1.

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give its NAME lostead of street and number. ?

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DATE OF BURIAL

[Approved by U. S. Census and American Public Health
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STATE OF MARYLAND 1 PLACE OF DEATH 833 CERTIFICATE OF DEATH Registration Dist. No ... Ilf death occurred lo St.:...Ward) a hospital or institution, give its NAME Instead of street and comber. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Monta (Day) (Year) ORDIVORCED HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) It LESS than TAGE and that death occurred on the date stated above, at. 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF (Signed) FATHER 11 BIRTHPLACE (Address) ENT OF FATHER *State the DISEASE CAUSING DEATH, or, Vin Vdeaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death ... State (State or country yrs. mos. Where was disease contracted. It not at place of death? Former or (Informant) usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURNAL (Address) .., 191 15 20 UNDERTAKER DDRESS rar If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUTEPTERAL septicharetc., when a definite disease can be ascertained as the ample: Mcastes (disease causing death), 29 ds. affection need not be stated unless important. cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway trainsucb, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic "Contributory." "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report zer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ ture of the American Medical Association.) The contributory (secondary or Intercurrent tetanus) may be stated under the head (Recommendations on statement of (name origin; "Can "Exhaustion," Examples:

[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons fication, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only into paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the DISMASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencia "Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purperar acptichaccause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of -Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measics (disease causing death), 29 ver" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent tetanus) may be stated under the head of "Senile," etc.), "Dropsy," (Recommendations on statement of ___ (name origin; "Canetc. State cause for "Exhaustion,"

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN T. B. No. 1.

	PLACE OF DEATH	835	STATE OF MARYLAND CERTIFICATE OF DEATH	
C	ounty Lackot	Tri-man (g)	Registered No. 292	
٧	*FULL NAME	(No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]	
	PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3 SI	ATE OF BIRTH Jany Widowst, ORDIVORCI (Write the	913	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 17 Let 1 last saw h who alive on Dece 27 191	
(Month) (Day) (Year) 7 AGE If LESS than t day,hrs. grade, profession, or particular kind of work. (b) Genoral nature of industry, business, or establishment in			and that death occurred on the date stated above, st	
9 B	ch amployed (or amployer) IRTHPLACE tate or country)		(Duration) yrs. mos. cs. Gontributory (Secondary) (Duration) yrs. mos. ds.	
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	(Signed) (Address) , N.D. ,191 (Address) (Add			
	13 BIRTHPLACE		18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds,	
	INTERMEDIAL INTERM	IOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence.	
16 Fil	1 Dust	REGISTRAR	19 PLACE OF BURIAL OR REMOVAL OFF AND NEW ADDRESS M. E. New Address Approximately and the service of the ser	
	X		Mo	

[Approved by U. 8, Census and American Public Health Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question mine, etc. material worked on may form part of the second tion is very important, so that the relative healthful-(a) Spinner, (d) Cotton mill; (a) Salcoman, (d) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "PUERPERAL septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure." "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Measles; Whooping cough: Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma, etc., of . Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) "PUERPERAL peritonitis," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of etc. State cause for (name origin: "Candeath), 29 "Exhaustion," Examples:

CCUPATION RECORD PERSONAL AND STATISTICAL PARTICULARS PERMANENT 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) 17 8 DATE OF BIRTH (Years (Month) (Day) TAGE If LESS than 1 day hrs. OR 7 6 OCCUPATION (a) Frade, protession, or AGI particular kind of work. (b) General nature of industry. business, or establishment lo ADING which employed (or employer) -----Contributory State or country) (Secondary) 10 NAME OF FATHER Jo 11 BIRTHPLACE (Address) ARENT pinoy OF FATHER 12 MAIDEN NAME OF MOTHER plai OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. mos. ___ ds. DEATH Where was disease contracted. 14 THE ABOVE WRITE It not at siace of death? ō OF Item usual residence. portant. CAUSE Every 16 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

836

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. Ilf death occurred inWard) a hospital or institution. give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above. (Duration) *State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State yrs, mos. ds. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. of persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulminc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Therewoods," unqualified, is indefinite); Tubercubosis of lungs, meninges, pertionaeum, etc... Carcin-

such, if Impossible to determine definitely. ACCIDENTAL, SUICIDAL, -OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "PUERPERAL scptichacture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "hart failure," "Haemorrhage," "Inanition," "Maras zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion," Never report Examples: For vio-

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the who receive a definite salary), may be entered as minc, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls ture of the American Medical Association.) "Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples:

FOR BINDING RESERVED MARGIN

B. No.

A PERMANENT

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

N. B.—Every liem of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

838

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 290

Village or City Custum (No	St.; Ward) [if death occurred to a hospital or institution, give its NAME Instead of struct and oumber.]		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVACED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from		
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h. alive on 19, 1913,		
TAGE If LESS than 1 day, D. hra. ORDmin.?	and that desth occurred on the date stated above, at 3 m, The CAUSE OF DEATH* was as follows: Complianting Units-bull,		
(a) Trade, prefession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos ds.		
(State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER 2 CHAPTER 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Boration) yrs mos s. (Signed) , M. D. *State the DISEABE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death		
(Informant) L. Prog. (Address) Eugling M.) 18	Former or usual residence 19 RLACE OF BURIAL OR REMOVAL Oar In Ma Date of BURIAL 20 UNDERTAKER ARDRESS		
Filed an 20°, 1913 / 13 Fantante	1 A Hand Et mas		

If more blanks are needed, address State Registrar, 6 E. Franklin St., Malto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. mine, etc. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, Meninges, peritonaeum, etc... Carchelosis of lungs, Meninges, peritonaeum,

injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma. etc., of The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," (name origin; "Canor as probably "Exhaustion," Never report Examples:

839 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution. RECORD give its NAME lostead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH RMANENT 18 DATE OF DEATH 5 SINGLE. 3 SEX MARRIED, WIBOWED, (Day) ORDIVORCED That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than TAGE on the date stated above, a 1 day hrs. mos. 2,5 OR mie. ? properly BOCCUPATION AGI (a) Frade, profession, pr particular kind of work.... (b) General nature of Industry, business, or establishment lo UNFADING (Duration)yrs which employed (or ampleyer) that It me Contributory. 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 0 0 S 11 BIRTHPLACE (Addrass) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME PLAINLY OF MOTHER pla 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mes. ___ ds. State yrs, ____ mos. ds. DEAT Where was disease contracted. WRITE If oot at place of death? OF usual residence Important. DATE OF, BURIAL Every 13 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Sequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionacum, etc.. Carcinosis of lungs, meninges, pertionacum, etc...

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerreral scotichacetc., when a definite disease can be ascertained as the affection need not be stated unless important. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 da.; valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Never report Examples: For vio-

PLACE OF DEATH 840 Gounty Talbut	10	STATE OF MARY CERTIFICATE OF		
h ,	40	Registered	No. 292	
VIIIage or City Vrafahu (No.	8 Ri	St; Ward)	[It death occurred to a hospital or lostitution, give its MAME lostead et atreet and nomber.]	
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL GERTIFICATE OF DEATH		
male Colored Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	lower	16 DATE OF DEATH (Month) 1.7 I HEREBY CERTIFY, That I at	18, 1913 (Day) (Year)	
6 DATE OF BIRTH (Month) (Day) (Year)		Jaw - 977, 1913, to Jaw that I last saw han alive on Jaw	- 18 1915, - 1915	
73	LESS than ay,hrs. min. ?	and that death occurred on the date stated about the CAUSE OF DEATH* was as follows:	ove, at 2a.m.	
(a) Trade, protession, or Dunate of particular kind of work. b) Beneral nature of industry, usiness, or establishment in Certuly Stone which employed (or employer)		Stowach (Boration) yrs 6 mos ds. Gentributory Cy Lauston		
9 BIRTHPLACE (State or country) Maryland		(Secondary) (Deration)	yrs. mos. ds	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER ALL MEST MEST MOTHUM MEST MOTHUM MEST MOTHUM MOTHUM		(Signed) Meliau S. Sey Jan 18,1913 (Address) Joseph	how mo	
		V *State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and (2 TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INS) whether Acciden-	
13 BIRTHPLACE OF MOTHER (State or country) Maryland		At place of death yrs mos de. State	yrs, ds.	
(Informant) S. Blace Sufet		Where was disease contracted, at his home it not at place et death? Former or usual residence. Near Fraphe		
(Address) Jappe Md		Long Town	MTE OF BURIAL 2017, 191.3	
	STRAR Portation	20 UNDERTAKER M. G. Meura J T, 6 E. Franklin St., Balto, Requesting V. S. No.	rappe M	

[Approved by U. S. Census and American Public Health Association.]

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losis of lungs, meninges, peritonaeum, etc.. Carcintime and causation), using always the same accepted causing pears (the primary affection with respect to pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid Examples: Cerebrospinal

> such, if impossible to determine definitely. mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 de.; cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puteresal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Con mere symptom, thenia," "Anaen Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuli, and consequences (e. g., The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlle," (Recommendations on statement of " "Convulsions," "Debility" ("Conterminal conditions, such as "Asetc.), "Dropsy," "Exhaustion," (merely symptomatic), "Atrophy," (name origin; "Can-State cause for Examples: For VIO-

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF County.... Registration Dist. No. St.:....Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. ORDIVERCED MAON (Month) (Write the word) 6 DATE OF BIRTH (Year) (Day) (Month) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State ____ yrs. ___ mos. __ yrs. mos. Where was diseasa contracted. If not at place of death? Former or (Informant) usual residence. as Tor ACE OF BURIAL OR REMOVAL

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DATE OF BURIAL 20 UNDERTAKER ARDRESS

DEATH

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a hospital or institution.

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	PLACE OF DEATH	844	STATE OF MARYLAND	
	Talbor		CERTIFICATE OF DEATH	
Go	ounty		Registration Dist. No. 29/	
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	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
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7 A G		It LESS	than and that death occurred on the date stated above, at J	
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cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the genital," "Senile," etc.), sepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUEEPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malls-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-The nature of the death), 29